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CONFIRMATION NO. 1116

<b>SERIAL NUMBER</b> 10/640,621	<b>FILING OR 371(c) DATE</b> 08/14/2003 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3715	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> David Nicholson Low, Wilmington, DE;					
<b>** CONTINUING DATA *****</b> NONE CL					
<b>** FOREIGN APPLICATIONS *****</b> NONE CL					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/12/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> DE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged Examiner's Signature <i>David N. Low</i> Initials <i>DL</i>					
<b>ADDRESS</b> DAVID N. LOW 1425 ATHENS RD WILMINGTON, DE 19803					
<b>TITLE</b> Analog demonstrator showing qualitative weight loss or gain resulting from diet and exercise					
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		